



PCR # _____

Date _____

REZONING APPLICATION

City of Williamsburg
401 Lafayette Street
Williamsburg, VA 23185-3617
(757) 220-6130 FAX: (757) 220-6130

Applicant _____

Address _____

City, State, Zip _____

Phone/Fax Number _____

E-mail _____

Owner _____

Address _____

City, State, Zip _____

Phone/Fax Number _____

E-mail _____

Representative _____

City, State, Zip _____

E-mail _____

Address _____

Phone/Fax Number _____

Location of Request _____

Tax Map Number _____

Lot Area _____

Existing Zoning _____

Proposed Zoning _____

I/We, as (Owner) (Contract Purchaser with Owner's Written Consent) (Owner's Agent) of the property mentioned above, hereby petition the Williamsburg City Council to approve the above described rezoning proposal.

Signature of Applicant

Date

Printed Name of Applicant

Sworn before me this ____ day of _____, 20____.

Notary

Commission Expiration

Statement by Applicant

Planning Commission Public Hearing _____

Date

Planning Commission Action

Action Date

City Council Public Hearing _____

Date

City Council Action

Action Date